

06-11-01



PTO/SB/05 (08/00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

24631.706

PRO

First Inventor or Application Identifier

Hovav Shacham

Title

Method and Apparatus For Batched Network Security Protection
Server Performance

Express Mail Label No.

EL 757542626 US

1303 U.S. PRO
1303 677302
06/09/01**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 58]</i>
<i>(preferred arrangement set forth below)</i>
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed-Sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Detailed Description of the Drawings
- Detailed Description
- Claim(s)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) <i>[Total Sheets 6]</i></p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration <i>[Total Pages 3]</i></p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<i>(for continuation/divisional with Box 17 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)
Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
|---|--|

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document (*if applicable*)
12. Information Disclosure Copies of IDS Citations Statement (IDS) PTO-1449
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Other: _____

17. If a CONTINUATING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

- Continuation Divisional Continuation-in-part (CIP) of prior application No. ____ / ____

Prior application information: Examiner _____

Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 021971 Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	

Name (Print/Type)	Michael C. Mylajensen	Registration No. (Attorney/Agent)	46,901
Signature		Date	June 8, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office,

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT **(\\$)2838.00***Complete if Known*

Application Number	Not Yet Known
Filing Date	June 8, 2001
First Named Inventor	Hovav Shacham
Examiner Name	Not Yet Assigned
Group/Art Unit	Not Yet Assigned

Attorney Docket Number 24631.706

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23-2415 (Docket No. 24631.706)

Deposit Account Name Wilson Sonsini Goodrich & Rosati

- Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

- Payment Enclosed:
 Check Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code (\$)	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
Total Claims	76	-20** =	56	x 18.00 =	1008.00
Independent Claims	17	-3** =	14	x 80.00 =	1120.00
Multiple Dependent				=	
SUBTOTAL (1) (\\$) 710.00					
2. EXTRA CLAIM FEES					
		Extra Claims	Fee from below	Fee Paid	
Total Claims	76	-20** =	56	x 18.00 =	1008.00
Independent Claims	17	-3** =	14	x 80.00 =	1120.00
Multiple Dependent				=	
SUBTOTAL (2) (\\$) 2128.00					
* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\\$)					

Complete (if applicable)

Name (Print/Type)	Michael C. Martensen	Registration No. (Attorney/Agent)	46,901	Telephone	650-493-9300
Signature		Date	June 8, 2001	Customer No.	021971

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.